

2017 MONTANA TREATMENT, STORAGE AND DISPOSAL FACILITY ANNUAL REPORT FORM

This report is for the calendar year ending December 31, 2017. Please read all instructions carefully.
PLEASE TYPE / PRINT

State Use Only

RCRAInfo; ☒ FRR ☒ NRR

CEDARS:

File Name:

PART ONE GENERAL INFORMATION

Mailing Date: January 2, 2018

I.	Regulated Status	At any time during 2017, did this facility treat, store (for greater than accumulation time limits pursuant to 40 CFR 262.34), or dispose of regulated quantities of hazardous waste?		<input type="checkbox"/> Yes	If YES , fill out Parts One through Three, as appropriate and return to DEQ.	
				<input type="checkbox"/> No	If NO , fill out Part One only and return to DEQ.	
II.	FACILITY EPA ID #				DEQ Project Manager	
III.	FACILITY NAME					
IV.	FACILITY LOCATION ADDRESS	Address				
		City	State	MT		
		Zip				
V.	CONTACT PERSON					
	First Last					
	TITLE					
	TELEPHONE	EXTENSION				
	MAILING ADDRESS	Address				
		City	State			
		Zip				
FAX NUMBER						
EMAIL						
VI.	ALTERNATE CONTACT					
	First Last					
	TITLE					
	TELEPHONE	EXTENSION				
EMAIL						
VII.	COST ESTIMATES	Regulated Units: Closure \$			Post Closure \$	
		Facility Wide Corrective Action \$				
VIII.	CERTIFICATION	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (40 CFR 270.11).				
▼ Please Type or Print ▼						
Name				Signature		Date Signed (mm/dd/yyyy)
First Last						
Title						